



APPLICATION FOR ADMISSION 2017-2018

Holy Trinity Lutheran School
553 Ashmoor Avenue
Bowling Green, KY 42101
Phone: 270-843-1001 Fax 270-843-7466
Email: school.admin@htlc-bg.org
www.htlsbg.com

"The mission of Holy Trinity Lutheran School is to reach out to families and children with the Good News of Jesus through a Christ-centered, loving and forgiving environment of academic excellence."

STUDENT INFORMATION

Child's Full Name _____ **Prefers to be called** _____

Address _____
Street or PO Box #

City _____ State _____ Zip Code _____ County _____ School District _____

Phone # _____ **e-mail** _____

Date of birth ___/___/___ **Sex:** Male ___ Female ___ **U.S. Citizen?** Yes ___ No ___

Adopted? Yes ___ No ___ If yes, is he/she aware? Yes ___ No ___

What is this child's placement in the family? Oldest ___ Middle ___ Youngest ___ Only ___

Ethnic Background: African-American ___ Asian ___ Hispanic ___ Native American ___ Caucasian ___ Other ___

Is English the only language spoken at home? Yes ___ No ___ If no, what other languages are spoken? _____

Father's Name (Mr., Dr.) _____

Mother's Name (Mrs., Ms., Dr.) _____

Parents are: (please circle) Married Separated Divorced Widowed Single

Student lives with: Both parents ___ Mother ___ Father ___ Other: _____

Pre-school Days attending (please circle) _____ **Pre-school hours attending (please circle)** _____

P2 – 2 Day (T/TH)	P2 – 3 Day (MWF)	P2 – 5 Day (M-F)	7:45-12:00	7:45-3:00
P3 – 2 Day (T/TH)	P3 – 3 Day (MWF)	P3 – 5 Day (M-F)		
	P4 – 3 Day (MWF)	P4 – 5 Day (M-F)		

Grade entering (please circle): ½ day K Full day K 1 2 3 4 5 6

I will need extended care between 7:00 and 7:45am and/or between 3:00 and 5:30pm. Yes ___ No ___

A separate extended care registration form is required and extended care fees, in addition to tuition, will be charged.

OFFICE USE ONLY: Registration Fee Paid _____ Date _____ Cash _____ Check # _____
Automatic Withdrawal Form on File _____ Start Date _____ End Date _____

EDUCATION

School presently attending or last attended: _____

Address of Last School _____

Street

City

State

Zip

School Contact Info _____

Director

Phone

Fax

Other schools previously attended _____ Grade _____ Year _____

Has your child been evaluated and/or approved for an Individual Education Plan? Yes _____ No _____

If Yes, explain _____

Has your child ever been suspended or dismissed at any school? Yes _____ No _____ If yes, explain _____

What special interests does this student have? _____

May we include names, address, and phone numbers in the school directory? Yes _____ No _____

May we "Friend" you on Facebook and add you to our Private HTLS Parent Group? Yes _____ No _____

Names and ages of siblings: _____

Are these children enrolled in another school? Yes _____ No _____ Name of school(s) _____

Why do you wish to send your child(ren) to HTLS and through what grade level? _____

Do both parents have rights to the child and his/her school records? Yes _____ No _____ If no, please explain: _____

Is either parent or any other individual denied access to this child by law? Yes _____ No _____ If yes, please explain: _____

Has the Court issued any Order that gives a representative from an outside agency permission to interview your child at school?

Yes _____ No _____ If yes, please explain: _____

How did you learn about HTLS? _____

CHURCH INFORMATION

Name of church you attend _____ Pastor _____

Do you attend regularly? Yes _____ No _____

Does your child participate in Sunday School? Yes _____ No _____

Vacation Bible School? Yes _____ No _____

Has your child been baptized? Yes _____ No _____

May your child participate fully in the religious education, chapel services, and special programs and services the school provides?

Yes _____ No _____ If no, please explain: _____

REGISTRATION CHECKLIST

Due before beginning classes, we will need the following information:

- ____ Copy of birth certificate
- ____ Copy of latest standardized testing and report card (if applicable)
- ____ Preschool/Kindergarten Questionnaire (if applicable)
- ____ Emergency Contact Information Form
- ____ Copy of K & 6th grade physical and eye exams
- ____ Current KY Immunization Certificate-expiration date required-must be signed by Physician
- ____ Recent picture
- ____ Blue Emergency Card(s) Preschool (1), K-6 (2)
- ____ Parental release for internet/photo usage
- ____ Parental Responsibilities and Pledge

Parental Responsibilities and Pledge

In making applications for our child, it is our pledge to fully support and cooperate with the faculty of Holy Trinity Lutheran School with regard to the work and conduct required of our child. We further pledge to support the goals of Christian education through our example in our home and by regularly worshipping with our child.

Further:

1. I will pray regularly for the School, the staff, the families, the children of HTLS and HTLC, our sponsoring family.
2. My child may attend all scheduled and announced field trips, unless I send a written statement to the contrary and I agree to be responsible for my child if I deny permission.
3. The administration may schedule testing to decide placement of my child or needed tutoring. I understand I will be contacted in advance and that I am responsible for testing fees.
4. I will cooperate fully in meeting my financial obligations to the school on time. I will contact the Director if my financial circumstances change and would keep me from fulfilling my obligations satisfactorily.
5. I will share practical help as my time and talents and treasurers allow.
6. HTLS staff has my authorization to get medical care in the event of a serious illness or accident if parents cannot be reached.
7. My child's name and picture may be used in school publications, news releases, videos, or promotional materials by the School.
8. I will read the Handbook in full and cooperate fully in seeing that the rules and policies are met.
9. I will support the goals, beliefs, expectations, and teaching of the Lutheran School as stated: Goals-Beliefs-Worship Expectations - What we will teach your child.
10. I do understand that siblings and children of HTLC members have priority in registration and classroom placement.
11. I do understand that the Admissions Council of the School Board has the authority to accept or reject student applications and placement.
12. I do understand that my signature commits me to paying the full year's tuition unless my family moves more than 30 miles from Holy Trinity Lutheran School.

Both parents please sign.

Father Name (print)

Signature

Date

Mother Name (print)

Signature

Date

Emergency Contact Information

Child Name: _____
Last First MI Nickname

Height: _____ Weight: _____ Glasses: Yes No Date of Birth: _____

Address: _____ City: _____ Zip: _____

Mother (or guardian): _____ Email: _____

Address: _____ City: _____ Zip: _____

(if different)

Employment or other daytime location: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Hours: _____ Cell Phone: _____

Father (or guardian): _____ Email: _____

Address: _____ City: _____ Zip: _____

(if different)

Employment or other daytime location: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Hours: _____ Cell Phone: _____

Authorization for Emergency Treatment

I, _____ (parent or guardian), hereby authorize any physician member of the Department of Emergency medicine of _____ (hospital) or any of the medical staffs of the above mentioned hospital requested by the Department of Emergency Medicine physician, to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____ (child's name).

Allergies (if any): _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred hospital: _____

Daily Medicines Child is Currently Taking:

Last Tetanus Shot: _____

Outstanding Medical History (example: Diabetes, Heart Disease, Asthma, etc.):

On an attached sheet, please give any instructions or doctor's recommendations which would be helpful to the school staff in meeting your child's needs. Participation in all activities is expected unless excused by a note from your physician.

Insurance Company: _____ Policy No.: _____

Subscriber's Name: _____

Subscriber's Place of Employment: _____

Phone: _____

Persons to call in Case of an Emergency if Parents Can Not be Reached

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

By signing below, I confirm that the information provided on my child and family is accurate at the time of completing this Emergency form. I understand that it is my responsibility to alert and provide accurate information to the program should information change. In case of an accident or serious illness, I request the school authorities to contact me if possible. If I cannot be reached, I herewith authorize the school administration to provide necessary emergency care for my child on my behalf and to transport my child for such emergency care to a licensed physician, surgeon, or hospital.

Parent/Guardian Signature

Date

Elementary Parents Only: All medications from home must be sent to the office with written directions on a Medication Release Form (MRF) as to the time, amount, and period of time it is to be given to your child. MRF forms are available in the school office and on the website at www.htlsbg.com under "Resources" and "Medical Information".

PRESCHOOL/NEW KINDERGARTNERS (ONLY)

Today's Date _____ Grade entering _____ Anticipated Start Date _____

Please help us know your child:

Child's name _____ Nickname _____ Age _____ Date of birth ____/____/____

Is your child _____ Biological _____ Adopted _____ Foster

Guardian/Mother _____ Guardian/Father _____

Mother Phone _____ Father Phone _____

Any special problems or occurrences affecting your child will be brought to your attention. Parent conferences are always available if there is a problem about your child that you would like to discuss.

Children in P3 & P4 must be potty trained. Regular "accidents" will require the child to be at home until training is guaranteed. No tuition refund will be made.

Briefly describe your child's personality. _____

Does either parent travel a lot? No ___ Yes ___ If yes, please explain: _____

Other adults living at home? _____

Is your child easily managed or hard to manage? _____

What is child most often punished for? _____

How frequently? _____

Do you practice "Time Out" in your home? Yes ___ No ___ Is it effective? Yes ___ No ___

What other form of correction do you use? _____

Is it effective? Yes ___ No ___

Any special behavior problems? _____

How does your child react to controls and corrections? _____

Can your child handle his/her own toilet needs? ___ Explain if no. _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

Has your child had any serious illness, operations, accidents, or hospital experiences? No ___ Yes ___

If yes, please explain: _____

What was your child's reaction to this experience? _____

Does your child dress independently? _____ Can your child tie his/her own shoes? _____
Any special napping instructions? _____
Any special fears? _____
Any food allergies? _____
Any other allergies? _____
Allergic to bee stings? _____

What activities does your child enjoy with:

Mother? _____
Father? _____
Siblings? _____
By him/herself? _____

Does your child play with other children? Frequently _____ Seldom _____
What age and sex are your child's most frequent companions? _____

Does your child have any imaginary playmates? No _____ Yes _____
What type of play would you describe as being your child's favorite? _____

Does your child know any students enrolled at HTLS? _____ Who? _____

Does your child know any other children who are also applying for admission to HTLS? _____

PLEASE USE THIS SPACE TO ADD ANY ADDITIONAL INFORMATION WHICH YOU FEEL WOULD HELP OUR STAFF GET TO KNOW YOUR CHILD.

